

Vacation House Check

Address: _____

VHC ID #
Area: _____ RD: _____

Date Leaving: _____	AM	PM	Date of Return: _____	AM	PM
Name of Resident: _____	Phone: _____	Emergency Phone#: _____			
Alarm System: Yes No	Local Emergency Contact: _____				
	<i>Name</i>	<i>Address</i>	<i>Phone</i>		
Vehicle(s) Parked in Driveway? Yes No	How Many? _____	Make/Model/Color/Lic.# _____			
House Sitter/Person(s) Permitted on Property: _____	<i>Name(s)</i>	KEYS: Yes No			
Gardener: Yes No	Name: _____	Day: S M T W Th F S	<i>Special Notes:</i>		
Pool in Backyard: Yes No	Pool Cleaner: _____	Day: S M T W Th F S			
Dog(s) Yes No	Other Hazards: _____				